CODE U06

12th EMN Annual Meeting

Euroacademia Multidisciplinaria Neurotraumatologica

Roma (Italy), June 21–23, 2007

REGISTRATION FORM

To be filled in and sent together with payment information. Please write in block letter.

CSR Congressi Srl – Bologna, Italy
Phone +39 051 765357 – Fax +39 051 765195 – info@csrcongressi.com

Deadline for registrations by May, 31st 2007.
After this date it will be possible to register at the Meeting Venue

REGISTRATION FORM ON LINE:
www.csrcongressi.com

Name ..... Surname .....

Institution .....

Dept. .....

Address .....

Zip Code ..... Town ..... Prov. .....

Country .....

Ph. ..... Fax. .....

e-mail ..... Mobile Ph. .....

FOR ALL THE PARTICIPANTS - DATA FOR INVOICE

Invoice made out to: .....

address: .....

VAT Code: ..... Fiscal Code: .....

REGISTRATION FEES (VAT included)

❑ **Member of the Sponsoring Societies**		€ 180,00
❑ **Non Member**		€ 220,00
❑ **Residents and Fellows^**		€ 100,00
❑ **Social Dinner**	€ 45,00 per n. 1	person

^Proof must be provided by the Director of the Program

SUMMARY OF PAYMENT

Registration Fee	€	0,00
Social Dinner	€	0,00
Total Payment	€	0,00

HOW TO PAY

❑ **Please charge my credit card for the total amount of (Euro)** € 0,00

❑ VISA ❑ EUROCARD ❑ Carta Sì
❑ MASTERCARD ❑ AMERICAN EXPRESS

Card Number (16 digits)

Security code: *For the VISA, EUROCARD, CARTASI and MASTERCARD 3 digits on the back of the card. For the AMERICAN EXPRESS, 4 digits on the right of the card.*

Holder's Name

Expiry Date

❑ **Bank Transfer.** ***A copy of bank transfer must accompany your Registration Form.***

With reference to the information on privacy given in the General Information section of the Meeting Program, I hereby give my consent to the processing of my personal data, according to Legislative Decree no. 196/2003.

Signature .....

Date .....

PRINT FORM